

Example 5:

Please indicate the amount or percentage of private insurance co-pays. For example; 80% of DME, or 30 therapy visits per year. Remember that Medicaid picks up the co-pay only up to the amount of the Medicaid maximum allowable for the item.

MEDICAL SUPPLIES	CODE	PROVIDER AGENCY	FREQUENCY OR AMOUNT PER MONTH	P C R	ON BUDGET FROM/TO	COST/UNIT SOURCE	AVERAGE MONTHLY COST		
							MEDICAID	OTHER	S
private insurance deductible		BCBS		P	10/1/07 – 9/30/08	500./year <input type="checkbox"/> <MMA <input checked="" type="checkbox"/> Other	41.67		
DME supply	A1234	DME Provider	1 per month	P		90. each <input type="checkbox"/> <MMA <input type="checkbox"/> Other	10.	80.	1
physical therapy	IPP	Therapy Agency	1 visit/week	P	10/1/07- 9/30/08	53.81/visit <input type="checkbox"/> <MMA <input checked="" type="checkbox"/> Other	98.65	134.53	
COMMENTS <u>Indicate percent covered by private insurance, if applicable. Explain any irregularities in the type or amount of supplies used.</u> Insurance pays 80% of DME after \$500 annual deductible beginning each October 1. Insurance pays 30 therapy visits per year, beginning October 1.									

In the above example, the price for the DME that was billed to the insurance company was \$100, but the rate on the Medicaid fee schedule for that item is only \$90. Insurance paid 80%, or \$80. Even though 20% of the cost, or \$20 is less than the allowable \$90., Medicaid is not going to pay the full \$20. They will pay up to what Medicaid would pay for the item, which is \$90. So Medicaid will pay \$10. for this item (They will allow \$90., insurance paid \$80., leaving a balance of \$10.) The insurance pays for 30 therapy visits per year. Since the child receives therapy once per week, 30 visits will be paid by insurance, and 22 visits will be paid by Medicaid (52 weeks/visits per year). $30 \times 53.81 \div 12 = 134.53$; $22 \times 53.81 \div 12 = 98.65$.